

#15/35  
8-20-03

PTO/SB/31 (06-03)

Approved for use through 07/31/2003. OMB 0651-0031  
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)  4139P2201	
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		Application Number <b>09/619,357</b>	Filed <b>7-19-00</b>
		For <b>Method For Treating Body Tissue...</b>	
		Art Unit <b>3764</b>	Examiner <b>DeMille</b>
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>320</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>160</u>	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
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I am the		<div style="text-align: right;">RECEIVED 2003 JUL 25 AM 9:5X BOARD OF PATENT APPEALS AND INTERFERENCES</div> <div style="text-align: center;"><u>[Signature]</u> Signature <b>Harry M. Weiss</b> Typed or printed name <b>(702) 878 7323</b> Telephone number <b>July 22, 2003</b> Date</div>	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>19,497</u>			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".			

☒ \*Total of 1 forms are submitted.

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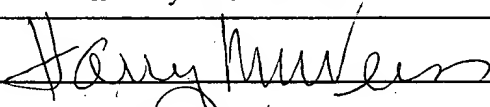
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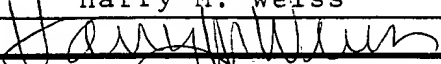
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/619,357	
	Filing Date	7-19-00	
	First Named Inventor	Cassone	
	Group Art Unit	3764	
	Examiner Name	DeMille	
Total Number of Pages in This Submission	2	Attorney Docket Number	4139P2201

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Check - \$160 Return Postcard
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Firm or Individual name	Weiss, Moy & Harris, P.C. Harry M. Weiss
Signature	
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Typed or printed name	Harry M. Weiss		
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